

**COMMONWEALTH OF MASSACHUSETTS**  
**THE BOARD OF CONCILIATION AND ARBITRATION**  
**PETITION FOR MEDIATION AND FACT-FINDING IN PUBLIC EMPLOYMENT**

**Please Type or Print:**

LABOR ORGANIZATION

1. Name \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Zip Code \_\_\_\_\_

Labor Relations Representative \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Zip Code \_\_\_\_\_

EMPLOYER

2. Name \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Zip Code \_\_\_\_\_

Labor Relations Representative \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Zip Code \_\_\_\_\_

3. Description of Collective Bargaining Unit

Involved: \_\_\_\_\_ # of Employees In Unit \_\_\_\_\_

4. Indicate: (a) Contract Expiration Date (b) Date Negotiations Commenced (c) # of Negotiation Sessions To Date (d) Brief Statement of Issue Over Which Impasse Exists:

(a) \_\_\_\_\_ (b) \_\_\_\_\_ (c) \_\_\_\_\_  
(d) \_\_\_\_\_

If **JOINT** Petition:

Signature & Title of Labor Organization's Representative

Instructions: Submit the original and one copy of this petition and a copy of the Collective Bargaining Agreement to:

Board of Conciliation & Arbitration  
399 Washington Street, Fifth Floor  
Boston, MA 02108  
Fax: (617) 727-4961

Signature & Title of Employer's Representative

**DO NOT WRITE IN THIS SPACE**

If Petition Brought by **ONE PARTY**:

I hereby state that I have caused a copy of this petition to be served on the Representative of the other party.

Signature & Title of Petitioning Party's Representative

**CASE NO:** \_\_\_\_\_  
**DATE FILED:** \_\_\_\_\_  
**DATE MEDIATOR APPTED:** \_\_\_\_\_

Revised December, 1999

DATE SIGNED \_\_\_\_\_